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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 21-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

August 5, 2021

Sarah Fertig, Medicaid Director
Kansas Department of Health and Environment
Division of Health Care Finance
Landon State Office Building
900 SW Jackson, Suite 900N
Topeka, KS 66612-1220

Re: Kansas State Plan Amendment (SPA) 21-0007

Dear Ms. Fertig:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0007. This amendment proposes to add medication-assisted treatment (MAT) as a mandatory benefit in the Medicaid state plan. This letter is to inform you that Kansas' Medicaid SPA Transmittal Number 21-0007 is approved effective October 1, 2020 until September 30, 2025, pursuant to 1905(a)(29) of the Social Security Act and Section 1006(b) of the SUPPORT Act.

Section 1006(b) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act ("SUPPORT Act"), signed into law on October 24, 2018, amended section 1902(a)(10)(A) of the Social Security Act (the Act) to require state Medicaid plans to include coverage of MAT for all individuals eligible to enroll in the state plan or waiver of the state plan. Section 1006(b) also added a new paragraph 1905(a)(29) to the Act to include the new required benefit in the definition of "medical assistance" and to specify that the new required benefit will be in effect for the period beginning October 1, 2020, and ending September 30, 2025.

Section 1006(b) of the SUPPORT Act also added section 1905(ee)(1) to the Act to define MAT, for purposes of the new required coverage, as:

. . . all drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), including methadone, and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders; and[,] . . . with respect to the provision of such drugs and biological products, counseling services and behavioral therapy.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 public health emergency (PHE), CMS issued an approval letter on March 17, 2021 allowing Kansas to modify the SPA submission requirements at 42 C.F.R. 430.20, to allow the state to submit a SPA implementing section 1905(a)(29) of the Act by March 31, 2021 that would take effect on October 1, 2020.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 PHE, CMS issued an approval letter on March 17, 2021 allowing Kansas to modify the public notice time frames set forth at 42 C.F.R. 447.205, in order to obtain an effective date of October 1, 2020 for its SPA implementing statewide methods and standards for setting payment rates for the benefit described at section 1905(a)(29) of the Act. The state issued public notice on February 25, 2021

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations.

If you have any questions, please contact Michala Walker at 816-426-6503 or via email at michala.walker@cms.hhs.gov.

Sincerely,



Digitally signed by
James G. Scott -S
Date: 2021.08.05
11:48:34 -05'00'

James G. Scott
Division of Program Operations

cc: Christiane Swartz
Bobbie Graff-Hendrixson
William Stelzner

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

| | |
|---|--------------------|
| 1. TRANSMITTAL NUMBER: <u>KS 21-0007</u> | 2. STATE Kansas |
| 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| 4. PROPOSED EFFECTIVE DATE October 1, 2020 | |

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

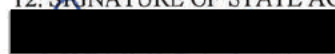
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

| | |
|--|--|
| 6. FEDERAL STATUTE/REGULATION CITATION 1905(a)(29) of the Act | 7. FEDERAL BUDGET IMPACT a. FFY 2021 OTP \$2,326; OBOT \$1,982 \$917* b. FFY 2022 OTP \$2,326; OBOT \$1,982 \$917* |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement MAT to Attachment 3.1-A (New) Supplement MAT to Attachment 3.1-B (New) Supplement MAT to Attachment 4.19-B (New) Supplement 2 to Attachment 4.19-B, page 1 (New)** | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) |

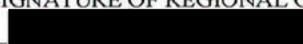
10. SUBJECT OF AMENDMENT
The state adds the 1905(a)(29) Medication-Assisted Treatment (MAT) benefit of the SUPPORT Act to the Kansas Medicaid State Plan. With Section 1135 approval, the proposed effective date of the SPA is October 1, 2020.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Sarah Fertig is the
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Governor's Designee

| | |
|--|--|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL  | 16. RETURN TO Sarah Fertig, State Medicaid Director KDHE, Division of Health Care Finance Landon State Office Building 900 SW Jackson, Room 900-N Topeka, KS 66612-1220 |
| 13. TYPED NAME Sarah Fertig | |
| 14. TITLE State Medicaid Director | |
| 15. DATE SUBMITTED March 30, 2021 | |

FOR REGIONAL OFFICE USE ONLY

| | |
|--|---|
| 17. DATE RECEIVED March 30, 2021 | 18. DATE APPROVED August 5, 2021 |
| PLAN APPROVED – ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2020 | 20. SIGNATURE OF REGIONAL OFFICIAL  <small>Digitally signed by James G. Scott - S Date: 2021.08.05 11:49:40 -05'00'</small> |
| 21. TYPED NAME James G. Scott | 22. TITLE Director, Division of Program Operations |

23. REMARKS

*per state permission given in response to informal question #8, sent June 8 2021
**per state permission given in response to informal question #10, sent June 8 2021

KANSAS MEDICAID STATE PLAN

Supplement to Attachment 3.1-A

Page 1

1905(a)(29) Medication-Assisted Treatment (MAT)

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy
(Continued)

1905(a)(29) _____ MAT as described and limited in Supplement _____ to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

KANSAS MEDICAID STATE PLAN

Supplement to Attachment 3.1-A

Page 2

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020 and ending September 30, 2025.

ii. Assurances

- a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
- c. The state assures coverage for all formulations of MAT drugs and biologicals for OUD that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

KANSAS MEDICAID STATE PLAN

Supplement to Attachment 3.1-A

Page 3

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

iii. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT.

a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service. From October 1, 2020, through September 30, 2025, the state assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.

- Individual/Group Therapy refers to the therapeutic interaction between a patient or patients and a counselor intended to improve, eliminate, or manage one or more of a patient’s opioid use disorder.
- Peer Support Services are provided by a state-certified person in long-term recovery with training in providing recovery support. These services are designed to promote skills to cope with and manage opioid use disorder symptoms while facilitating the use of natural resources and the enhancement of community living skills.

KANSAS MEDICAID STATE PLAN

Supplement to Attachment 3.1-A

Page 4

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

iii. Service Package (continued)

b) Please include each practitioner and provider entity that furnishes each service and component service.

i. Individual/Group Therapy (The listed providers may provide individual therapy, group therapy, or both. They do not provide peer support services.)

- Licensed Social Workers
- Licensed Professional Counselors
- Licensed Addiction Counselors
- Licensed Marriage and Family Therapists
- Licensed Psychologists
- Physicians, Nurse Practitioners and Physician Assistants with a DATA 2000 waiver.
- Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, and Certified Nurse Midwives are included in the provider types approved for MAT services, per the 2018 SUPPORT Act requirements.

ii. Peer Support Services (The listed providers provide peer support services. They do not provide individual therapy nor group therapy.)

- Certified Peer Specialists

KANSAS MEDICAID STATE PLAN

Supplement to Attachment 3.1-A

Page 5

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

iii. Service Package (continued)

c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

i. Individual/Group Therapy

- Physicians and Physician Assistants must meet the requirements established by licensure with the Kansas State Board of Healing Arts.
- Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwives, and Certified Registered Nurse Anesthetists must meet the requirements established for licensure with the Kansas State Board of Nursing.
- Licensed Social Workers, Licensed Professional Counselors, Licensed Addiction Counselors, Licensed Marriage and Family Therapists, and Licensed Psychologists must meet the requirements established for licensure with the Kansas Behavioral Sciences Regulatory Board.

ii. Peer Support Services

- Certified Peer Specialists must be at least 18 years old and have a high school diploma or equivalent. Certification in the State of Kansas to provide peer support service, which includes criminal, abuse/neglect registry and professional background checks, and completion of a standardized basic training program. Self-identify to have had life experience with a diagnosed mental health or addiction disorder and be in sustained recovery for a minimum of one year.

KANSAS MEDICAID STATE PLAN

Supplement to Attachment 3.1-A

Page 6

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

iv. Utilization Controls

The state has drug utilization controls in place. (Check each of the following that apply)

Generic first policy (DUR Board approved Jan. 2021)

Preferred drug lists (DUR Board approved Sept. 2020)

Clinical criteria

Quantity limits

The state does not have drug utilization controls in place.

v. Limitations

Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

Drugs/biologicals:

- For MAT drugs dispensed by a pharmacy,
 - Quantity limits as determined by the state.
 - Rebate eligible NDC first policy.
 - Max milligram per day for some MAT drugs.
- For MAT drugs administered by a practitioner, the allowed frequency of administration is based upon the FDA approved dosing intervals and Medicare billing guidelines.

Counseling and behavioral therapies:

- Determined by medical necessity.

KANSAS MEDICAID STATE PLAN

Supplement to Attachment 3.1-A

Page 7

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020 and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

KANSAS MEDICAID STATE PLAN

Supplement to Attachment 3.1-B

Page 1

1905(a)(29) Medication-Assisted Treatment (MAT)

Citation: 3.1(b)(1) Amount, Duration, and Scope of Services: Medically Needy
(Continued)

1905(a)(29) _____ MAT as described and limited in Supplement _____ to Attachment 3.1-B.

ATTACHMENT 3.1-B identifies the medical and remedial services provided to the medically needy.

KANSAS MEDICAID STATE PLAN

Supplement to Attachment 3.1-B

Page 2

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

i. General Assurance

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- a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
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KANSAS MEDICAID STATE PLAN

Supplement to Attachment 3.1-B

Page 3

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

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KANSAS MEDICAID STATE PLAN

Supplement to Attachment 3.1-B

Page 4

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

iii. Service Package (continued)

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KANSAS MEDICAID STATE PLAN

Supplement to Attachment 3.1-B

Page 5

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

iii. Service Package (continued)

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KANSAS MEDICAID STATE PLAN

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

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Counseling and behavioral therapies:

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KANSAS MEDICAID STATE PLAN

Supplement to Attachment 3.1-B

Page 7

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020 and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

1905(a)(29) Medication-Assisted Treatment (MAT)

Effective October 1, 2020 through September 30, 2025, Medication-Assisted Treatment (MAT) services for the treatment of opioid use disorder (OUD) are added to the state plan.

Unbundled MAT drugs/biologics approved for OUD treatment, that are dispensed by a pharmacy, are reimbursed using the NADAC Lesser of Methodology, outlined in Attachment 4.19-B, #12. a., Pages 1, 1.1, and 1.2 of the State Plan. The professional dispensing fee is the same as for all Covered Outpatient Drugs (CODs).

Unbundled MAT drugs/biologics approved for OUD treatment that are administered by a practitioner are reimbursed at 100% of the current Medicare Part B drug rate. If there is not a Medicare Part B drug rate, the reimbursement rate will be the Wholesale Acquisition Cost (WAC). This rate aligns with the current drug reimbursement rate for Physician Administered Drugs (PADs), found in Attachment 4.19-B, #12. a., Pages 1, 1.1, and 1.2 of the State Plan.

For MAT drugs/biologics approved for OUD treatment that are administered by a practitioner, and are part of a bundled payment, the drug portion of the bundled rate is reimbursed at 100% of the current Medicare Part B rate. If there is not a Medicare Part B drug rate, the reimbursement rate will be the Wholesale Acquisition Cost (WAC).

MAT services for OUD treatment are reimbursed at 65% of current Medicare rates.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of MAT services. The agency's fee schedule rate for MAT services was set as of October 1, 2020 and is effective for this service provided on or after that date. The agency's established fee schedule rates are published on the agency's website at <https://www.kmap-state-ks.us/Provider/PRICING/RefCode.asp>

When the user is on the landing page of the above link, select the link Download Fee Schedules. This link will take the user to a page titled "Reference Copyright Notice." Scroll to the bottom of the page and click on the word "Accept" to access the fee schedule. The next page that appears is titled "KMAP Fee Schedules."

To access a fee schedule:

- a. Select the program from the drop-down list -TXIX;
- b. Choose the type of rates – Medicaid;
- c. After choosing the rate type, the user will see a list of the current and historical versions of the corresponding schedule
- d. Click the schedule TXIX.